

Application Data Sheet**Application Information**

Application Type:: National Stage
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: METHOD AND APPARATUS FOR IN-LINE PROCESS CONTROL OF THE CIGS PROCESS
Attorney Docket Number:: 1505-1100
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 5
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: LARS
Middle Name::
Family Name:: STOLT
Name Suffix::
City of Residence:: UPPSALA
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing VRETA EKVAG 2
Address::
City of Mailing Address:: UPPSALA
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-755 91

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JOHN
Middle Name::
Family Name:: KESSLER
Name Suffix::
City of Residence:: NANTES
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 6, RUE LOUIS LUMIERE
Address::
City of Mailing Address:: NANTES

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-4400

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE2005/000333	3/4/05

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0400582-3	3/5/04	Yes

Assignment Information

Assignee Name::
Street of Mailing
Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::